COMMAND INSPECTION PROGRAM FXCEPTIONS DOCUMENT

| Command: Enforcement Services Division | Division: Enforcement Services Division | Chapter: | |
|--|---|----------------|--|
| Inspected by: Koenig | | Date: 03/10/09 | |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

| TYPE OF INSPECTION | | ☐ Corrective Action Plan Included | | | |
|--|------------------------|-----------------------------------|---------|--|--|
| ☐ Division Level ☐ Command I | Level | Appeal Included | | | |
| ☐ Executive Office Level | | | | | |
| Follow-up Required: | Forward to: | Commander's Signature: | Date: | | |
| ☐ Yes ☑ No | Due Date: 4/30/09 | D. A. Ulutas | 4/24/09 | | |
| Chapter Inspection: Chapter | 12 – Occupational Safe | ety . | | | |
| | | | | | |
| Inspector's Comments Regarding Innovative Practices: | | | | | |
| None | | | | | |
| Command Suggestions for S | tatewide Improvement: | | | | |
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| ne | | | | | |
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| Inspector's Findings: | | | | | |

Due to the size of the Command, and the Sections share the same facilities as the Division office, the quarterly division occupational safety committee serves as the Command's Occupational Committee.

The Division does not have any hazardous materials stored; therefore, no written Hazardous Substance Program exists.

COMMAND INSPECTION PROGRAM

FXCEPTIONS DOCUMENT

Command:
Enforcement Services Division:
Inspected by:
Koenig

Division:
Division:
Enforcement Services Division

Date:
03/10/09

Page 2

Commander's Response:

I have reviewed the inspection and agree with its findings.

Inspector's Comments:

During this inspection, the Injury Illness prevention and Emergency Action plans were updated.

Required Action

Corrective Action Plan/Timeline

here are no corrections or follow-up.

COMMAND INSPECTION PROGRAM

FXCEPTIONS DOCUMENT

| Command: Enforcement Services Division | Division: Enforcement Services Division | Chapter: | |
|--|---|----------|--|
| Inspected by: | 1 | Date: | |

| Page 3 | Koenig | 03/10/09 |
|---|--|--------------------|
| Appeal Process (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | |
| Appeal Process: (Appeals shall be filed with | hin five (5) business days of the completed ch | apter inspection). |
| Commander's Basis for Appeal: | | |
| None. | | |
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| Appeal Review/Decision: (This shall be th | a polyclovel of supposit | |
| Appear Neview/Decision. (This shan be the | е оту течег от арреат). | |
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| Lood Inspector's Cincetons | I Date: | |
| Lead Inspector's Signature: | Date: 3 / 10 | 109 |
| Pesponding Commander's Signature (for appeal): | 3/1° Date: 4/24 | 1 |
| U-17. Ulertar | 19/24 | 109 |

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| AREA | DIVISION | NUMBER |
|-----------------|----------------------|------------|
| Division office | Enforcement Services | 060 |
| EVALUATED BY | | DATE |
| B. Koenig | | 03/10/2009 |

*RUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this tourn is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired

| TYPE OF EVALUATION | SUSPENSE DATE | desired. | | |
|--|-------------------------|----------------------------|----------------|------|
| ☐ Formal Evaluation ☐ Informal Evaluation | | | | |
| FOLLOW-UP REQUIRED Correction Report | COMMANDER'S REVIEW | 14 | DATE | , |
| ☐ Yes ☑ No BY | D.A. Vler | tos | 4/1 | 109 |
| 1. GOALS AND ACCOMPLISHMENTS | EVALUATED | ACTION REQUIRED NONE | CORRECTED | |
| a. Is the command familiar with the Occupational Safety Program Safety Manual, Chapter 13? | as outlined in HPM 10 | 0.6, Occupational | √ Yes | ☐ No |
| (1) Are goals developed in accordance with departmental police | cy? | | √ Yes | ☐ No |
| (2) Are environmental factors, exposure factors, and past expe | erience/trends conside | ered when setting goals? | √ Yes | ☐ No |
| (3) Are illness and non-serious/non-traumatic injuries excluded | d from occupational sa | afety goals? | √ Yes | ☐ No |
| (4) Are goals appropriately categorized? | | | √ Yes | ☐ No |
| (5) Are goals realistic? | | | √ Yes | ☐ No |
| (6) Are goals consistent with departmental objectives? | | | √ Yes | ☐ No |
| (7) Is input from all levels considered before goals are establis | hed? | | √ Yes | ☐ No |
| b. Are goals being accomplished? | | | √ Yes | ☐ No |
| (1) Accurate reporting on CHP 113, Accident and Injury Repor | t? | | √ Yes | ☐ No |
| (2) Are accidents increasing? | | | ☐ Yes | ☑ No |
| (3) Are injuries increasing? | | | ☐ Yes | ☑ No |
| (4) Why are they increasing/decreasing? The division of | office has had no accid | dents or injuries. | | |
| | | | | |
| | | | | |
| (5) Is CHP 113, Accident and Injury Report, posted or readily a | ccessible? | | √ Yes | ☐ No |
| (6) Are employees knowledgeable about goals and achieveme | nts? | | √ Yes | □ No |
| (7) Are employees providing suggestions toward goal attainme | nt? | | √ Yes | ☐ No |
| 2. PARTICIPATION | EVALUATED | ACTION REQUIRED | CORRECTED | |
| a. Commander actively involved in program? | .l | No. C | ✓ Yes | ☐ No |
| (1) Commander active in injury/illness case management? | | | √ Yes | ☐ No |
| (2) What is the commander's attitude regarding occupational sa | afety? Chiefs N | fulanix and Vertar attend | the Division's | |
| Occupational Safety meetings and routinely speak about occ | cupational safety duri | ng weekly staff meetings v | with section | |
| commanders. | | | | |
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AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

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|----|--|-----------------------------|------------|
| | (3) Occupational safety issues discussed at staff meetings and training days? | √ Yes | ☐ No |
| _ | (4) Are safety issues in the meeting minutes? | √ Yes | ☐ No |
| | (5) Commander comments regarding safety issues in performance evaluations? | √ Yes | ☐ No |
| | (6) Does the commander ensure use of appropriate safety equipment? | √ Yes | ☐ No |
| | b. Are managers/supervisors actively involved in the program? | √ Yes | ☐ No |
| | (1) Are managers/supervisors involved in case management? | √ Yes | ☐ No |
| | (2) Do they have the appropriate attitude? | √ Yes | ☐ No |
| | (3) Are managers monitoring supervisors' progress and efforts to attain goals? | √ Yes | ☐ No |
| | (4) Are supervisors monitoring employees' efforts? | √ Yes | ☐ No |
| | (5) Do managers comment on safety issues in performance evaluations? | √ Yes | ☐ No |
| | (6) Do supervisors comment on safety issues in performance evaluations? | √ Yes | ☐ No |
| | (7) Do managers/supervisors ensure the use of proper safety equipment? | √ Yes | ☐ No |
| | c. Are employees actively involved in the Occupational Safety Program? | √ Yes | ☐ No |
| | (1) Are employees involved in their case management? | √ Yes | ☐ No |
| | (2) Are employees knowledgeable about safety goals? | √ Yes | ☐ No |
| | (3) Are they aware of the command's achievements? | √ Yes | ☐ No |
| | (4) Are employees practicing safety while performing their duties? | √ Yes | ☐ No |
| | (5) Are employees reporting unsafe conditions and/or work practices? | √ Yes | ☐ No |
| | (6) Do employees work cooperatively to minimize hazards? | √ Yes | ☐ No |
| | (7) Do employees offer suggestions to improve occupational safety? | √ Yes | ☐ No |
| | (8) Is employee equipment properly used and maintained? | √ Yes | ☐ No |
| 3. | ACCIDENT AND INJURY TRENDS ACTION REQUIR | | |
| | a. Commander's method of identifying trends? Accidents within Enforcement Services Division | | occurs, it |
| | is carefully scrutinized to ensure they are not repeated. | | |
| | | | |
| | | | |
| | (1) Are accidents and injuries being monitored to identify trends? | √ Yes | ☐ No |
| | (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 30 Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | 00, √ Yes | ☐ No |
| | (3) Are personnel in the command aware of current and potential trends? | √ Yes | ☐ No |
| | What corrective action has the command taken when a trend has been identified? The command taken when a trend has been identified? | and encompasses seven | employees. |
| | Of the employees, two are assigned a state owned vehicle. Another vehicle is available for use; how | ever, it is rarely used. If | an |
| | accident trend is identified, the command would communicate the issue to its employees during a staff | f meeting, | |
| | | | |

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| | (1) Are commanders, managers, and supervisors actively implementing corrective actions? | √ Yes | ☐ No |
|----|--|--------------|------|
| 4. | COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) EVALUATED ACTION REQUIRED NON S. | CORRECTED | |
| _ | a. What is the composition of the COSC? The Division wide Occupational Safety Committee is composed o | f a commande | r, |
| | fieutenant, sergeant, officer, office technician, motor carrier and an office assistant. Each section within the Div | vision has a | |
| | representative and its chairperson is an assistant chief. | | |
| | (1) Is there representation from each collective bargaining unit? | √ Yes | ☐ No |
| | (2) Management and supervisory representation? | √ Yes | ☐ No |
| | (3) Command Safety Coordinator assigned? | √ Yes | ☐ No |
| | (4) Command Safety Coordinator active and effective? | √ Yes | ☐ No |
| | (5) Are committee assignments rotated? | √ Yes | ☐ No |
| | (6) COSC meetings held quarterly? | √ Yes | ☐ No |
| | (7) Are meetings held more frequently when goals are not being attained? | √ Yes | ☐ No |
| | (8) Do all committee members attend the meetings? | √ Yes | ☐ No |
| ı | b. Are roles and responsibilities defined in accordance with IIPP? | √ Yes | ☐ No |
| | (1) Do committee members understand their roles and responsibilities? | √ Yes | ☐ No |
| | (2) Is an agenda prepared prior to the meeting? | √ Yes | ☐ No |
| | (3) Are departmental and Division Occupational Safety meetings minutes readily available? | √ Yes | ☐ No |
| | (4) Are these minutes utilized for Area meetings? | √ Yes | ☐ No |
| | (5) Are assignments given during Area meetings? | √ Yes | ☐ No |
| | c. Minutes prepared for the COSC meeting? | √ Yes | ☐ No |
| | (1) Recording secretary appointed? | √ Yes | ☐ No |
| | (2) Minutes posted on command's Occupational Safety Board? | √ Yes | ☐ No |
| | (3) Are minutes included in IIPP file? | ✓ Yes | ☐ No |
| | (4) Minutes maintained current year, plus three? | √ Yes | ☐ No |
| | (5) Minutes forwarded through channels? | √ Yes | ☐ No |
| d | . Is the COSC effective? | ☑ Yes | ☐ No |
| | (1) Are COSC recommendations clear, concise and pertinent to the command? | √ Yes | ☐ No |
| | (2) COSC proactive to eliminate potential causes of accidents and injuries? | √ Yes | ☐ No |
| | (3) COSC disseminate current information and training regarding health and safety issues? | ☑ Yes | ☐ No |
| е | . Do all personnel receive current information regarding health and safety? | √ Yes | ☐ No |
| | Are outside agency safety programs utilized as a resource? | ☑ Yes | ☐ No |
| g | Does the command maintain an effective health and safety communications system? | ☑ Yes | ☐ No |

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHP | HP 453M (Rev. 5-06) OPI 009 | | | |
|------|--|--------------------|-----------|------|
| T | (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | | ✓ Yes | □No |
| - | (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to po | olicy? | ✓ Yes | □No |
| - | (3) Do all members of the command participate in distribution of safety and health information? | | | □No |
| | (4) COSC minutes posted in a timely manner? | | ☐Yes | □No |
| | (5) Required posters prominently displayed? | | ✓ Yes | □No |
| - | (6) COSC maintain the Command Occupational Safety Bulletin Board? | | ✓ Yes | □No |
| | (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to spec | cific members? | ✓ Yes | □No |
| 5. E | DOCUMENTATION | TION REQUIRED | CORRECTED | |
| а | STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed and filed in the employee's field folder? | NoNE nually and | ✓ Yes | □No |
| b | b. DMV INF 254, Government Agency Request for Driver License/Identification Record Informato request driver's license record check and filed in the employee's field folder? | ation, utilized | ✓ Yes | □No |
| C. | c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | | ✓ Yes | □No |
| | (1) Are required injuries and illnesses logged? | | ✓ Yes | □No |
| | (2) Entries made within six working days of notification of an employee injury or illness? | | ✓ Yes | □No |
| =20 | (3) Is lost-time and limited-duty documentation accurate? | | ✓ Yes | □No |
| - | (4) Retention according to policy? | | ✓ Yes | □No |
| | (5) Readily accessible for review by Cal-OSHA? | | ✓ Yes | □No |
| | (6) Previous calendar year log posted during February? | | ✓ Yes | □No |
| d. | d. Are CHP 113s, Accident and Injury Report, compiled accurately? | | ✓ Yes | □No |
| | (1) Commander review and sign? | | ✓ Yes | □No |
| | (2) CHP 113s and attachments processed in a timely manner? | | ✓ Yes | □No |
| e. | e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | | ✓ Yes | □No |
| | (1) Are semiannual safety inspections conducted? | | ✓ Yes | □No |
| | (2) Are safety hazards identified? | | ✓ Yes | □No |
| | (3) Is corrective action taken within 30 days? | | ✓ Yes | □No |
| | (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to | policy? | ✓ Yes | □No |
| f. | f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | | ✓ Yes | □No |
| | (1) Measures taken to correct situation within 30 days? | | ✓ Yes | □No |
| | (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | | ✓ Yes | □No |
| 141 | Are the CHP 121 series thoroughly and accurately completed? | | ✓ Yes | □No |
| | (1) Supervisory comments in-depth, clear, and concise? | | ✓ Yes | □ No |
| | (2) Commander signature on appropriate forms? | | ✓ Yes | □ No |
| | | | | |

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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|----|---|--|--|--------------------------|------------------------|-----------|------|
| | | (3) | Routed within time frames? | | | √ Yes | ☐ No |
| | h | . Is | Is CHP 208, Accident Prevention Report, thoroughly and accurately completed? | | | | □ No |
| | | (1) | Supervisor comments in-depth, clear, and concise? | | | √ Yes | ☐ No |
| | | (2) Commander review? | | | | √ Yes | □No |
| | | (3) | Commander signs appropriate form? | | | √ Yes | ☐ No |
| | | (4) | (4) Properly routed within time limits? | | | √ Yes | ☐ No |
| | i. | Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record? | | | | √ Yes | ☐ No |
| | | (1) | Are CHP 442s, Individual Accident, Injury and Safety Recog | gnition Record, current? | | √ Yes | ☐ No |
| | | (2) | Safety recognition emblem summary current? | | | √ Yes | ☐ No |
| | j. | Are | CHP 712As, Injury and Illness Prevention Program Orientation | on and Review, kept curr | ent? | √ Yes | ☐ No |
| | | (1) | Is specific safety training documented on CHP 712, Employ | ee Emergency Action Pl | an Review? | √ Yes | ☐ No |
| | | (2) | Copies maintained with IIPP file? | | | ✓ Yes | ☐ No |
| 6. | IN | IJUR | Y AND ILLNESS PREVENTION PROGRAM | EVALUATED | ACTION REQUIRED NON & | CORRECTED | |
| | a. Command specific IIPP on file? | | | ☑ Yes | ☐ No | | |
| _ | (1) Is the program effective? | | | √ Yes | ☐ No | | |
| | (2) Contains all required documents? | | | √ Yes | ☐ No | | |
| | | (3) | Discussed with all employees? | | | √ Yes | ☐ No |
| | (4) All employees understand their roles and responsibilities? | | | √ Yes | ☐ No | | |
| | (5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review? | | | √ Yes | ☐ No | | |
| | | (6) | New employees review and complete CHP 712A, Injury and and Review? | Illness Prevention Prog | ram Orientation | ✓ Yes | □No |
| | | (7) | Are unsafe hazards or conditions identified, investigated, co | rrected, and documente | d? | √ Yes | ☐ No |
| | | (8) | Is required documentation maintained according to policy? | | | √ Yes | ☐ No |
| 7. | CC | MMC | UNICATION WITH DOSH | EVALUATED | ACTION REQUIRED | CORRECTED | |
| | a. | Em | ployees aware of procedures regarding DOSH inspections? | | 2000 | √ Yes | ☐ No |
| | b. | Cor | nmand's documents readily available for review by DOSH Co | mpliance Officer? | | √ Yes | ☐ No |
| 8. | HAZARDOUS SUBSTANCE PROGRAM EVALUATED ACTION REQUIRED NONE | | | | CORRECTED | | |
| | a. | Doe | es command have a written Hazardous Substance Program fo | or substances used with | in that command? | Yes | √ No |
| | | (1) | Are hazardous substances identified and properly labeled? | | | Yes | ☑ No |
| | | (2) | Warning signs posted? | | | ☐ Yes | ☑ No |
| | | (3) | Material Safety Data Sheets readily available? | | | Yes | ☑ No |
| | | (4) | Employees receive training? | | | ☐ Yes | ☑ No |
| | | | | | | | |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| (5) Training documented? | | | √ Yes | ☐ No |
|---|--------------------------|---------|-------|------|
| (6) Employees informed of their right to applicable medic | al and exposure informa | tion? | √ Yes | ☐ No |
| 9. HAZARDOUS EXPOSURE CONTROL PROGRAMS | CORRECTED | | | |
| a. Activities identified within command that may require expo | osure to hazardous cond | itions? | ✓ Yes | ☐ No |
| (1) Appropriate engineering and/or administrative control | ls implemented? | | √ Yes | ☐ No |
| (2) Protective equipment provided in accordance with bar | rgaining unit agreements | s? | ☑ Yes | ☐ No |
| (3) Employees trained on use and maintenance of equip | ment? | | √ Yes | ☐ No |
| (4) Training documented? | | | √ Yes | ☐ No |

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

| Command: Field Support Section | Division: Enforcement Services Division | Chapter: |
|-----------------------------------|---|----------------|
| Inspected by: Eddy | | Date: 04/07/09 |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required. Corrective Action Plan Included TYPE OF INSPECTION ☐ Division Level ☐ Command Level Appeal Included ☐ Executive Office Level Attachments Included Date: Forward to: Commander's Signature: Follow-up Required: **Enforcement Services** Division ☐ Yes ⊠ No Due Date: 04/17/09 Chapter Inspection: Chapter 3 - Command Procurement Inspector's Comments Regarding Innovative Practices: None Command Suggestions for Statewide Improvement: Name

None

Inspector's Findings:

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

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| Command: Field Support Section | Division: Enforcement Services Division | Chapter: 12/ |
|-----------------------------------|--|-----------------|
| Inspected by: Eddy | The state of the s | Date: 04/07/09 |

| Comma | nder's | Res | ponse: |
|---------|--------|------|---------|
| OULINIA | | 1100 | 001100. |

I have reviewed the inspection and agree with its findings.

Inspector's Comments:

During this inspection, the Injury Illness prevention and Emergency Action plans were updated.

Required Action

Corrective Action Plan/Timeline

There are no corrections or follow-up.

COMMAND INSPECTION PROGRAM 'XCEPTIONS DOCUMENT

Page 3

| Command: Field Support Section | Division: Enforcement Services Division | Chapter: |
|-----------------------------------|---|----------------|
| Inspected by: Eddy | | Date: 04/07/09 |

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| Appeal Process: (Appeals shall be filed within five (5) busin | ness days of the completed chapter inspection). |
| Commander's Pagis for Annual | |
| Commander's Basis for Appeal: | |
| None. | |
| None. | |
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| Appeal Review/Decision: (This shall be the only level of a | ppeal). |
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| Lead Inspector's Signature: | Date: |
| Au Celex | 4107109 |
| Responding Commander's Signature (for appeal): | Date: / / |

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

¹ 453M (Rev. 5-06) OPI 009

| AREA | DIVISION | NUMBER |
|-----------------------|----------|------------|
| Field Support Section | ESD | |
| EVALUATED BY | | DATE |
| A. Eddy | | 04/08/2009 |

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| TYPE OF EVALUATION Formal Evaluation Informal | l Evaluation | SUSPENSE DATE | | | | |
|---|---|---------------------------|--------------------------|-------------|-------------|--|
| FOLLOW-UP REQUIRED Yes No | ☐ Correction Report | COMMANDER'S REVIEW | hund | DATE 4/10 | 109 | |
| 1. GOALS AND ACCOMPLISHMENT | rs | EVALUATED | ACTION REQUIRED | CORRECTED |) | |
| a. Is the command familiar with the Safety Manual, Chapter 13? | e Occupational Safety Progra | m as outlined in HPM 10. | 6, Occupational | ✓ Yes | □No | |
| (1) Are goals developed in acc | ordance with departmental po | olicy? | | ✓ Yes | □No | |
| (2) Are environmental factors, e | exposure factors, and past ex | perience/trends consider | ed when setting goals? | ✓ Yes | □No | |
| (3) Are illness and non-serious | /non-traumatic injuries exclud | led from occupational saf | ety goals? | ✓ Yes | □No | |
| (4) Are goals appropriately cate | egorized? | | | ✓ Yes | □No | |
| (5) Are goals realistic? | | | | ✓ Yes | □No | |
| (6) Are goals consistent with de | epartmental objectives? | | | ✓ Yes | □No | |
| (7) Is input from all levels consi | idered before goals are estab | lished? | | ✓ Yes | □No | |
| b. Are goals being accomplished? | | | | ✓ Yes | □No | |
| (1) Accurate reporting on CHP | 113, Accident and Injury Rep | port? | | ✓ Yes | □No | |
| (2) Are accidents increasing? | | | | ☐ Yes | ✓ No | |
| (3) Are injuries increasing? | | | | ☐ Yes | ✓ No | |
| (4) Why are they increasing/de |) Why are they increasing/decreasing? N/A | | | | | |
| (5) Is CHP 113, Accident and Ir | niury Report, posted or readil | y accessible? | | ✓ Yes | □No | |
| (6) Are employees knowledgea | | | | ✓ Yes | □No | |
| (7) Are employees providing su | | | | ✓ Yes | □No | |
| 2. PARTICIPATION | | EVALUATED | ACTION REQUIRED | CORRECTE | D | |
| a. Commander actively involved in | program? | | 1-1 | ✓ Yes | □No | |
| (1) Commander active in injury/ | /illness case management? | | | ✓ Yes | □No | |
| (2) What is the commander's at | titude regarding occupationa | I safety? The Command | er has attended Occupati | onal Safety | meetings ar | |
| conveyed the importance of | f avoiding hazards in the wor | rknlace. | | | | |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION

| CCUP | | | | | | |
|--------|---------|--------|------|----|------|--|
| ³ 453M | (Rev. 5 | -06) C | PI 0 | 09 | | |
| | _ | | | | | |

| | | (Rev. 5-06) OPI 009 | | | | |
|---------|-------|--|----------------------|---------------------------|------------------|-----------|
| | (3) | Occupational safety issues discussed at staff meetings and | training days? | | ✓ Yes | □No |
| | (4) | Are safety issues in the meeting minutes? | | | ✓ Yes | □No |
| | (5) | Commander comments regarding safety issues in performan | nce evaluations? | | ✓ Yes | □No |
| | (6) | Does the commander ensure use of appropriate safety equi | pment? | | ✓ Yes | □No |
| b. | . Are | e managers/supervisors actively involved in the program? | | | ✓ Yes | □No |
| _ | (1) | Are managers/supervisors involved in case management? | | | ✓ Yes | □No |
| _ | (2) | Do they have the appropriate attitude? | | | ✓ Yes | □No |
| _ | (3) | Are managers monitoring supervisors' progress and efforts t | to attain goals? | | ✓ Yes | □No |
| _ | (4) | Are supervisors monitoring employees' efforts? | | | ✓ Yes | □No |
| _ | (5) | Do managers comment on safety issues in performance eva | aluations? | | ✓ Yes | □No |
| | (6) | Do supervisors comment on safety issues in performance ev | valuations? | | ✓ Yes | □No |
| | (7) | Do managers/supervisors ensure the use of proper safety ed | quipment? | | √ Yes | □No |
| ٥. | Are | employees actively involved in the Occupational Safety Prog | ram? | | √ Yes | □ No |
| _ | (1) | Are employees involved in their case management? | | - | ✓ Yes | □No |
| _ | (2) | Are employees knowledgeable about safety goals? | | | ✓ Yes | □No |
| | (3) | Are they aware of the command's achievements? | | | ✓ Yes | □No |
| = | (4) | Are employees practicing safety while performing their duties | s? | | √ Yes | □No |
| in. | (5) | Are employees reporting unsafe conditions and/or work practical | ctices? | | ✓ Yes | □No |
| _ | (6) | Do employees work cooperatively to minimize hazards? | | | ✓ Yes | □No |
| | (7) | Do employees offer suggestions to improve occupational sai | fety? | | ✓ Yes | □No |
| | (8) | Is employee equipment properly used and maintained? | | | √ Yes | □No |
| 40 | CCIDI | ENT AND INJURY TRENDS | EVALUATED | ACTION REQUIRED | CORRECTED |) |
| ١. | Con | nmander's method of identifying trends? With the limited an | nount of incidents a | and accidents at Field Su | oport Section, 1 | no trends |
| | hav | e developed or been observed. The Commander has ensured | ł every employee is | s aware of how to work s | afely to reduce | any |
| | unfo | oreseen accidents through staff meetings and open communi- | cation. | | | |
| - | (1) | Are accidents and injuries being monitored to identify trends: | ? | | ✓ Yes | □No |
| | | Is the Occupational Safety Committee reviewing CHP 113, A Log of Occupational Injuries and Illnesses, entries, prior mee | | Report, OSHA 300, | ✓ Yes | □No |
| | (3) | Are personnel in the command aware of current and potential | al trends? | | ✓ Yes | □No |
| —). | Wha | at corrective action has the command taken when a trend has | s been identified? | No trends have been iden | titied. | |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

3 453M (Rev. 5-06) OPI 009

| (1) Are commanders, managers, and supervisors actively implementing corrective actions? 4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) a. What is the composition of the COSC? Captain, Licutenant, Sergeant, Officers, Staff Services Analyst, Office Technology. | ORRECTED | V No |
|---|------------|-------------|
| | mician | |
| a. What is the composition of the cooo! Captaint, Dictionant, Sergeant, Officers, Staff Services Analysi, Office reci | | |
| | | |
| | | |
| (1) Is there representation from each collective bargaining unit? | √ Yes | |
| | ☑ Yes | □No |
| | ✓ Yes | □No |
| | √ Yes | □No |
| | ☑ Yes | □No |
| | ✓ Yes | □No |
| | ✓ Yes | □No |
| | _ ✓ Yes | □No |
| | ✓ Yes | □No |
| | √ Yes | □No |
| (2) Is an agenda prepared prior to the meeting? | ✓ Yes | □No |
| (3) Are departmental and Division Occupational Safety meetings minutes readily available? [| √ Yes | □No |
| (4) Are these minutes utilized for Area meetings? | √ Yes | □No |
| (5) Are assignments given during Area meetings? | ✓ Yes | □No |
| c. Minutes prepared for the COSC meeting? | ✓ Yes | □No |
| (1) Recording secretary appointed? | √ Yes | □No |
| (2) Minutes posted on command's Occupational Safety Board? [| √ Yes | □No |
| (3) Are minutes included in IIPP file? | √ Yes | □No |
| (4) Minutes maintained current year, plus three? | ✓ Yes | □No |
| (5) Minutes forwarded through channels? | ✓ Yes | □No |
| d. Is the COSC effective? | ✓ Yes | □No |
| (1) Are COSC recommendations clear, concise and pertinent to the command? | √ Yes | □No |
| (2) COSC proactive to eliminate potential causes of accidents and injuries? | √ Yes | □No |
| (3) COSC disseminate current information and training regarding health and safety issues? | √ Yes | □No |
| e. Do all personnel receive current information regarding health and safety? | ✓ Yes | □No |
| f. Are outside agency safety programs utilized as a resource? | ✓ Yes | □No |
| J. Does the command maintain an effective health and safety communications system? | ✓ Yes | □No |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

³ 453M (Rev. 5-06) OPI 009

| | (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | √ Yes | □No |
|----|--|-------------------|-----|
| | (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | ✓ Yes | □No |
| | (3) Do all members of the command participate in distribution of safety and health information? | ✓ Yes | □No |
| | (4) COSC minutes posted in a timely manner? | ✓ Yes | □No |
| | (5) Required posters prominently displayed? | √ Yes | □No |
| | (6) COSC maintain the Command Occupational Safety Bulletin Board? | ✓ Yes | □No |
| | (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific m | nembers? | □No |
| 5. | DOCUMENTATION EVALUATED ACTION RE | QUIRED CORRECTE | D |
| i | a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually filed in the employee's field folder? | and | □No |
| - | b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, to request driver's license record check and filed in the employee's field folder? | utilized ☑ Yes | □No |
| | c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | ✓ Yes | □No |
| | (1) Are required injuries and illnesses logged? | ✓ Yes | □No |
| | (2) Entries made within six working days of notification of an employee injury or illness? | ✓ Yes | □No |
| | (3) Is lost-time and limited-duty documentation accurate? | √ Yes | □No |
| | (4) Retention according to policy? | ✓ Yes | □No |
| | (5) Readily accessible for review by Cal-OSHA? | √ Yes | □No |
| | (6) Previous calendar year log posted during February? | ✓ Yes | □No |
| c | d. Are CHP 113s, Accident and Injury Report, compiled accurately? | ✓ Yes | □No |
| | (1) Commander review and sign? | ✓ Yes | □No |
| | (2) CHP 113s and attachments processed in a timely manner? | ✓ Yes | □No |
| E | e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | ✓ Yes | □No |
| | (1) Are semiannual safety inspections conducted? | ✓ Yes | □No |
| | (2) Are safety hazards identified? | ✓ Yes | □No |
| | (3) Is corrective action taken within 30 days? | ✓ Yes | □No |
| | (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy | /? | □No |
| f. | f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | ✓ Yes | □No |
| | (1) Measures taken to correct situation within 30 days? | ✓ Yes | □No |
| | (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | ✓ Yes | □No |
| g | g. Are the CHP 121 series thoroughly and accurately completed? | √ Yes | □No |
| | (1) Supervisory comments in-depth, clear, and concise? | ✓ Yes | □No |
| | (2) Commander signature on appropriate forms? | | □No |
| | | | |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

⁷ 453M (Rev. 5-06) OPI 009

| | 14.5 | | . V. 15.17 1 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
|----|------|------|--|---------------------------|-----------------------|-----------|-----|
| | | (3) | Routed within time frames? | | | ✓ Yes | □No |
| | h. | ls (| CHP 208, Accident Prevention Report, thoroughly and accurat | ely completed? | | ✓ Yes | □No |
| | | (1) | Supervisor comments in-depth, clear, and concise? | | | Yes | □No |
| | | (2) | Commander review? | | | ✓ Yes | □No |
| | | (3) | Commander signs appropriate form? | | | ✓ Yes | □No |
| | | (4) | Properly routed within time limits? | | | ✓ Yes | □No |
| | i. | Аге | injuries and accidents documented on CHP 442, Individual Ad | ccident, Injury and Safet | y Recognition Record? | Yes | □No |
| | | (1) | Are CHP 442s, Individual Accident, Injury and Safety Recogn | nition Record, current? | | ✓ Yes | □No |
| | | (2) | Safety recognition emblem summary current? | | | ✓ Yes | □No |
| | j. , | Are | CHP 712As, Injury and Illness Prevention Program Orientatio | n and Review, kept curr | ent? | ✓ Yes | □No |
| | | (1) | Is specific safety training documented on CHP 712, Employe | ee Emergency Action Pl | an Review? | ✓ Yes | □No |
| | | (2) | Copies maintained with IIPP file? | | | ✓ Yes | □No |
| 6. | INJ | UR | Y AND ILLNESS PREVENTION PROGRAM | EVALUATED | ACTION REQUIRED | CORRECTED | 0 |
| | a, | Cor | mmand specific IIPP on file? | | | ✓ Yes | □No |
| | | (1) | Is the program effective? | | | ✓ Yes | □No |
| | | (2) | Contains all required documents? | | | ✓ Yes | □No |
| | | (3) | Discussed with all employees? | | | ✓ Yes | □No |
| | | (4) | All employees understand their roles and responsibilities? | | | ✓ Yes | □No |
| | -1 | (5) | Each employee completed CHP 712A, Injury and Illness Pre | vention Program Orient | ation and Review? | ✓ Yes | □No |
| | | (6) | New employees review and complete CHP 712A, Injury and and Review? | Illness Prevention Prog | ram Orientation | ✓ Yes | □No |
| | | (7) | Are unsafe hazards or conditions identified, investigated, cor | rected, and documented | d? | ✓ Yes | □No |
| | | (8) | Is required documentation maintained according to policy? | | | ✓ Yes | □No |
| 7. | CO | ММ | UNICATION WITH DOSH | FVALUATED | ACTION REQUIRED | CORRECTED |) |
| | a. | Emp | ployees aware of procedures regarding DOSH inspections? | | | ✓ Yes | □No |
| | b. | Con | nmand's documents readily available for review by DOSH Co | mpliance Officer? | | ✓ Yes | □No |
| 8. | HAZ | ZAR | DOUS SUBSTANCE PROGRAM | EVALUATED | ACTION REQUIRED | CORRECTED | D |
| | a. | Doe | s command have a written Hazardous Substance Program fo | or substances used with | in that command? | ✓ Yes | □No |
| | (| (1) | Are hazardous substances identified and properly labeled? | | | ✓ Yes | □No |
| | (| 2) | Warning signs posted? | | | √ Yes | □No |
| | (| (3) | Material Safety Data Sheets readily available? | | | ✓ Yes | □No |
| | (| 4) | Employees receive training? | | | ✓ Yes | □No |
| | | | | | | | |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

'P 453M (Rev. 5-06) OPI 009

| (5 | 5) Training documented? | | | √ Yes | □No |
|--------|---|----------------------------|-----------------|-----------|-----|
| (6 | S) Employees informed of their right to applicable medical | and exposure information | ? | ✓ Yes | □No |
| 9. HAZ | ARDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED | ACTION REQUIRED | CORRECTED | D |
| a. A | ctivities identified within command that may require exposu | ıre to hazardous conditior | is? | ✓ Yes | □No |
| (1 |) Appropriate engineering and/or administrative controls in | mplemented? | | ✓ Yes | □No |
| (2 | 2) Protective equipment provided in accordance with barga | aining unit agreements? | | ✓ Yes | □No |
| (3 |) Employees trained on use and maintenance of equipme | ent? | | ✓ Yes | □No |
| (4 |) Training documented? | | | | □No |

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

| Command: Commercial Vehicle Section | Division: Enforcement Services Division | Chapter: | |
|---|---|----------------|--|
| Inspected by: Jones | | Date: 04/21/09 | |

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

| TYPE OF INSPECTION Division Level | | ☐ Corrective Action Plan Included ☐ Appeal Included ☑ Attachments Included Commander's Signature: | Date: |
|--|------------------------|---|-------|
| Chapter Inspection: Cha Inspector's Comments Re | | | |
| None | | | |
| Command Suggestions for | or Statewide Improveme | nt: | |
| one | | | |
| Inspector's Findings: | | | |

The Command does not have any hazardous materials stored; therefore, no written Hazardous Substance Program exists.

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

| Command: Commercial Vehicle Section | Division: Enforcement Services Division | Chapter: |
|---|---|-------------------|
| Inspected by: | | Date: 03/10/09 |

Page 2

| Commander's Response: | | |
|-----------------------|--|--|
| | | |

I have reviewed the inspection and agree with its findings.

Inspector's Comments:

During this inspection, the Injury Illness prevention and Emergency Action plans were updated.

Required Action

Corrective Action Plan/Timeline

There are no corrections or follow-up.

COMMAND INSPECTION PROGRAMEXCEPTIONS DOCUMENT

Command:
Commercial Vehicle
Section
Inspected by:
Jones

Division:
Enforcement Services
Division
Date:
03/10/09

Page 3

| rage 5 | Jones | [03/10/09] |
|---|--------------------------------------|------------------------|
| Appeal Process: (Appeals shall be filed within five | ve (5) business days of the complete | d chapter inspection). |
| Commander's Basis for Appeal: | | |
| Y | | |
| None. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Appeal Review/Decision: (This shall be the only | y level of appeal). | |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | | |
| Lead Inspector's Signature: | Date: | 20/09 |
| Responding Commander's Signature (for appeal): | Date: | 1-0 |
| | 1/20 | 909 |

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUAT

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| AREA | DIVISION | NUMBER |
|---------------|---------------|------------|
| 062 | 060 | |
| EVALUATED BY | | DATE |
| Tim Jones #12 | 943, Sergeant | 04/16/2009 |

IN RUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this formulation is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

| | | - harrant anna mark harring an | | | | |
|------------------|---|--------------------------------------|---|-------------------------|--------------|-----------|
| TYPE OF EVAL | | mal Evaluation | SUSPENSE DATE | | | |
| FOLLOW-UP R | EQUIRED No | ☐ Correction Report | commander's review | 8 | | 4/09 |
| 1. GOALS | S AND ACCOMPLISHME | ENTS | Yes Yes | No REQUIRED | CORRECTED | |
| a. Is th Safe | ne command familiar with ety Manual, Chapter 13? | the Occupational Safety Program a | as outlined in HPM 10.6, | Occupational | ✓ Yes | □No |
| (1) | Are goals developed in a | accordance with departmental policy | y? | | ✓ Yes | □No |
| (2) | Are environmental factor | rs, exposure factors, and past expe | rience/trends considered | when setting goals? | ✓ Yes | □No |
| (3) | Are illness and non-serio | ous/non-traumatic injuries excluded | from occupational safety | goals? | ✓ Yes | □No |
| (4) | Are goals appropriately o | categorized? | - ,, | | ✓ Yes | □No |
| (5) | Are goals realistic? | | | | ✓ Yes | □No |
| (6) | Are goals consistent with | n departmental objectives? | | | ✓ Yes | □No |
| (7) | Is input from all levels co | onsidered before goals are establish | ned? | | ✓ Yes | □No |
| b. Are | goals being accomplished | d? | | | ✓ Yes | □No |
| (1) | Accurate reporting on CF | HP 113, Accident and Injury Report | ? | | ✓ Yes | □No |
| (2) | Are accidents increasing | ? | | | ✓ Yes | □No |
| (3) | Are injuries increasing? | | | | ☐ Yes | ✓ No |
| (4) | Why are they increasing/ | decreasing? Specific procedures t | for clearing hazards and | using spotters were not | practiced. | This has |
| | remedied through section | n training. | | | | |
| | | | | | | |
| (5) | Is CHP 113, Accident and | d Injury Report, posted or readily a | ccessible? | | ✓ Yes | □No |
| (6) | Are employees knowledg | geable about goals and achievemen | nts? | | ✓ Yes | □No |
| (7) | Are employees providing | suggestions toward goal attainment | nt? | | ✓ Yes | □No |
| 2. PARTIC | IPATION | | Yes Yes | No REQUIRED | CORRECTED |) |
| a. Com | ımander actively involved | I in program? | | | ✓ Yes | □No |
| (1) | Commander active in inju | ury/illness case management? | 111 | | ✓ Yes | □No |
| (2) | What is the commander's | s attitude regarding occupational sa | afety? Proactive support | and active involvemen | t in the pro | grams and |
| - | procedures. | | | | | |
| | | | | | | |

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

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|-------------|--------|---|----------------|--------------|
| | ′3) | Occupational safety issues discussed at staff meetings and training days? | ✓ Yes | □No |
| - | (4) | Are safety issues in the meeting minutes? | ✓ Yes | □No |
| | (5) | Commander comments regarding safety issues in performance evaluations? | ✓ Yes | □No |
| | (6) | Does the commander ensure use of appropriate safety equipment? | ✓ Yes | □No |
| ŀ | o. Are | managers/supervisors actively involved in the program? | ✓ Yes | □No |
| | (1) | Are managers/supervisors involved in case management? | ✓ Yes | □No |
| | (2) | Do they have the appropriate attitude? | ✓ Yes | □No |
| | (3) | Are managers monitoring supervisors' progress and efforts to attain goals? | ✓ Yes | □No |
| | (4) | Are supervisors monitoring employees' efforts? | ✓ Yes | □No |
| | (5) | Do managers comment on safety issues in performance evaluations? | ✓ Yes | □No |
| | (6) | Do supervisors comment on safety issues in performance evaluations? | ✓ Yes | □No |
| | (7) | Do managers/supervisors ensure the use of proper safety equipment? | ✓ Yes | □No |
| c | . Are | employees actively involved in the Occupational Safety Program? | ✓ Yes | □No |
| | (1) | Are employees involved in their case management? | ✓ Yes | □No |
| | (2) | Are employees knowledgeable about safety goals? | ✓ Yes | □No |
| | ′3) | Are they aware of the command's achievements? | ✓ Yes | □No |
| | (4) | Are employees practicing safety while performing their duties? | ✓ Yes | □No |
| | (5) | Are employees reporting unsafe conditions and/or work practices? | ✓ Yes | □No |
| | (6) | Do employees work cooperatively to minimize hazards? | ✓ Yes | □No |
| | (7) | Do employees offer suggestions to improve occupational safety? | ✓ Yes | □No |
| | (8) | Is employee equipment properly used and maintained? | Yes | □No |
| 3. <i>A</i> | CCID | ENT AND INJURY TRENDS EVALUATED Yes ACTION REQUIRED NO | CORRECTED | |
| а | . Con | nmander's method of identifying trends? Active involvement in the IIPP, monitor quarterly reports, ensure s | upervisors | and |
| | mai | nagers report trends. | | 100 |
| | | | | |
| | | | | |
| | (1) | Are accidents and injuries being monitored to identify trends? | ✓ Yes | □No |
| | | Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | ✓ Yes | □No |
| | (3) | Are personnel in the command aware of current and potential trends? | ✓ Yes | □No |
| ۲ | Wha | t corrective action has the command taken when a trend has been identified? Supervisors discuss the issues | , identify the | ne cause and |
| | deve | elop a plan to reverse or eliminate the trend. | | |
| | | | | |

Destroy Previous Editions

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

| | Are commanders, managers, and supervisors actively imp | | | | ☐ No |
|-------|---|---------------------|--------------------|-----------|------|
| COM | MMAND OCCUPATIONAL SAFETY COMMITTEE (COSC) | EVALUATED Yes | ACTION REQUIRED No | CORRECTED | (1) |
| a. \ | What is the composition of the COSC? One member from bary | | | | |
| | | | | | |
| | | | | | |
| (| 1) Is there representation from each collective bargaining unit | t? | | ✓ Yes | □No |
| (| Management and supervisory representation? | | | ✓ Yes | □No |
| (| 3) Command Safety Coordinator assigned? | | | ✓ Yes | □No |
| | 4) Command Safety Coordinator active and effective? | | | ✓ Yes | □No |
| (: | 5) Are committee assignments rotated? | | 1100 | ✓ Yes | □No |
| (| 6) COSC meetings held quarterly? | | | ✓ Yes | □No |
| (| 7) Are meetings held more frequently when goals are not being | ng attained? | | ✓ Yes | □No |
| (8 | 8) Do all committee members attend the meetings? | | | ✓ Yes | □No |
| b. A | Are roles and responsibilities defined in accordance with IIPP? | | | ✓ Yes | □No |
| (| Do committee members understand their roles and respon | sibilities? | | ✓ Yes | □No |
| , | 2) Is an agenda prepared prior to the meeting? | | | ✓ Yes | □No |
| (; | 3) Are departmental and Division Occupational Safety meeting | gs minutes readily | available? | ✓ Yes | □No |
| (4 | 4) Are these minutes utilized for Area meetings? | | | ✓ Yes | □No |
| (| 5) Are assignments given during Area meetings? | | | ✓ Yes | □No |
| c. N | finutes prepared for the COSC meeting? | | -, , | ✓ Yes | □No |
| (' | Recording secretary appointed? | | | ✓ Yes | □No |
| (2 | 2) Minutes posted on command's Occupational Safety Board | ? | | ✓ Yes | □No |
| (3 | 3) Are minutes included in IIPP file? | | | ✓ Yes | □No |
| (4 | 4) Minutes maintained current year, plus three? | | | ✓ Yes | □No |
| (5 | 5) Minutes forwarded through channels? | | | ✓ Yes | □No |
| d. Is | s the COSC effective? | | | ✓ Yes | □No |
| (1 |) Are COSC recommendations clear, concise and pertinent | to the command? | | ✓ Yes | □No |
| (2 | 2) COSC proactive to eliminate potential causes of accidents | and injuries? | | ✓ Yes | □No |
| (3 | COSC disseminate current information and training regard | ing health and safe | ty issues? | ✓ Yes | ☐ No |
| e. D | o all personnel receive current information regarding health a | nd safety? | | ✓ Yes | □ No |
| /ı | e outside agency safety programs utilized as a resource? | | | ✓ Yes | □No |
| g. D | oes the command maintain an effective health and safety con | nmunications system | m? | ✓ Yes | ☐ No |

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

| CHP | P 453M (Rev. 5-06) OPI 009 | | | | |
|------|--|-------------------------------|-----------|------|--|
| | 1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | | | □No | |
| | (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated | d according to policy? | ✓ Yes | □No | |
| | (3) Do all members of the command participate in distribution of safety and | health information? | Yes | □ No | |
| - | (4) COSC minutes posted in a timely manner? | | ✓ Yes | □No | |
| | (5) Required posters prominently displayed? | ominently displayed? | | | |
| | (6) COSC maintain the Command Occupational Safety Bulletin Board? | | ✓ Yes | □No | |
| | (7) Are responsibilities for the Occupational Safety Bulletin Board contents | assigned to specific members? | Yes | □No | |
| 5. D | DOCUMENTATION EVALUATED Yes | ACTION REQUIRED No | CORRECTED | | |
| a. | STD 261s, Authorization to Use Privately Owned Vehicles on State Busines filed in the employee's field folder? | s, completed annually and | ✓ Yes | □No | |
| b. | DMV INF 254, Government Agency Request for Driver License/Identification to request driver's license record check and filed in the employee's field fold | | ✓ Yes | □No | |
| C. | c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | | ✓ Yes | □No | |
| | (1) Are required injuries and illnesses logged? | | ✓ Yes | □No | |
| | (2) Entries made within six working days of notification of an employee inju | ry or illness? | ✓ Yes | □No | |
| | (3) Is lost-time and limited-duty documentation accurate? | | ✓ Yes | □No | |
| — | (4) Retention according to policy? | | ✓ Yes | □No | |
| | (5) Readily accessible for review by Cal-OSHA? | | ✓ Yes | □No | |
| | (6) Previous calendar year log posted during February? | | ✓ Yes | □No | |
| d. | Are CHP 113s, Accident and Injury Report, compiled accurately? | | ✓ Yes | □No | |
| | (1) Commander review and sign? | | ✓ Yes | □No | |
| | (2) CHP 113s and attachments processed in a timely manner? | | ✓ Yes | □No | |
| e. | e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | | ✓ Yes | □No | |
| | (1) Are semiannual safety inspections conducted? | | ✓ Yes | □No | |
| | (2) Are safety hazards identified? | | ✓ Yes | □No | |
| | (3) Is corrective action taken within 30 days? | | ✓ Yes | □No | |
| | (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retain | ed according to policy? | ✓ Yes | □No | |
| f. | Are unsafe conditions identified and documented on CHP 113B, Hazard Rep | ort/Inspection? | ✓ Yes | □No | |
| | (1) Measures taken to correct situation within 30 days? | | ✓ Yes | □No | |
| | (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP | ? | ✓ Yes | □No | |
| g. | . Are the CHP 121 series thoroughly and accurately completed? | | ✓ Yes | □No | |
| | (1) Supervisory comments in-depth, clear, and concise? | | ✓ Yes | □No | |
| | (2) Commander signature on appropriate forms? | | ✓ Yes | □No | |
| | | | | | |

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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|------|---|--|---------------------------|-----------------------|-----------|-----|
| | .3) | Routed within time frames? | | | ✓ Yes | □No |
| | n. Is (| CHP 208, Accident Prevention Report, thoroughly and accura | tely completed? | | ✓ Yes | □No |
| | (1) | Supervisor comments in-depth, clear, and concise? | | | ✓ Yes | □No |
| | (2) | Commander review? | | | ✓ Yes | □No |
| | (3) | Commander signs appropriate form? | | | ✓ Yes | □No |
| | (4) | Properly routed within time limits? | | | ✓ Yes | □No |
| i. | Are | injuries and accidents documented on CHP 442, Individual A | ccident, Injury and Safet | y Recognition Record? | ✓ Yes | □No |
| | (1) | Are CHP 442s, Individual Accident, Injury and Safety Recog | nition Record, current? | | ✓ Yes | □No |
| | (2) Safety recognition emblem summary current? | | | | | □No |
| j. | j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current? | | | | | □No |
| | (1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? | | | | ✓ Yes | □No |
| | (2) Copies maintained with IIPP file? | | | | ✓ Yes | □No |
| 6. I | INJURY AND ILLNESS PREVENTION PROGRAM EVALUATED Yes ACTION REQUIRED No | | | | | |
| | a. Command specific IIPP on file? | | | | | □No |
| _ | (1) Is the program effective? | | | | ✓ Yes | □No |
| | | | | | ✓ Yes | □No |
| | (3) | Discussed with all employees? | | | ✓ Yes | □No |
| | (4) | All employees understand their roles and responsibilities? | | | ✓ Yes | □No |
| er. | (5) | Each employee completed CHP 712A, Injury and Illness Pro | evention Program Orient | ation and Review? | ✓ Yes | □No |
| | (6) | New employees review and complete CHP 712A, Injury and and Review? | Illness Prevention Prog | ram Orientation | ✓ Yes | □No |
| | (7) | Are unsafe hazards or conditions identified, investigated, co | rrected, and documented | d? | ✓ Yes | □No |
| | (8) | Is required documentation maintained according to policy? | | | ✓ Yes | □No |
| 7. C | ОММ | UNICATION WITH DOSH | EVALUATED Yes | ACTION REQUIRED No | CORRECTED | • |
| а | . Em | ployees aware of procedures regarding DOSH inspections? | | | √ Yes | □No |
| b | . Cor | mmand's documents readily available for review by DOSH Co | ompliance Officer? | | ✓ Yes | □No |
| 8. H | AZAF | RDOUS SUBSTANCE PROGRAM | Yes Yes | No REQUIRED | CORRECTED | |
| а | . Doe | es command have a written Hazardous Substance Program f | or substances used with | in that command? | ✓ Yes | □No |
| | (1) | Are hazardous substances identified and properly labeled? | | | √ Yes | □No |
| | (2) | Warning signs posted? | | | ✓ Yes | □No |
| | (3) | Material Safety Data Sheets readily available? | <u> </u> | | ✓ Yes | □No |
| | (4) | Employees receive training? | | | ✓ Yes | □No |
| _ | | | | | | |

AREA MANAGEMENT EVALUATION OCCUPATIONAL SAFETY

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| '5) | Training documented? | | | ✓ Yes | □No |
|-------|--|--|--|---|--|
| (6) | Employees informed of their right to applicable medica | al and exposure informat | ion? | ✓ Yes | □No |
| IAZAI | RDOUS EXPOSURE CONTROL PROGRAMS | EVALUATED Y & S | ACTION REQUIRED | CORRECTED | |
| . Act | tivities identified within command that may require expo | sure to hazardous condi | tions? | ✓ Yes | □No |
| (1) | Appropriate engineering and/or administrative controls | implemented? | | ✓ Yes | □No |
| (2) | Protective equipment provided in accordance with bar | gaining unit agreements | ? | ✓ Yes | □ No |
| (3) | Employees trained on use and maintenance of equipn | nent? | | ✓ Yes | □No |
| (4) | Training documented? | | | ✓ Yes | □No |
| | (6) iAZA . Ac (1) (2) (3) | (6) Employees informed of their right to applicable medical AZARDOUS EXPOSURE CONTROL PROGRAMS Activities identified within command that may require exposion (1) Appropriate engineering and/or administrative controls (2) Protective equipment provided in accordance with bar (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (3) Employees trained on use and maintenance of equipment provided in accordance with the controls (4) Employees trained on use and maintenance of equipment provided in accordance with the controls (4) Employees trained on use and maintenance of equipment provided in accordance with the controls (4) Employees trained on use and maintenance of equipment provided in accordance with the controls (4) Employees trained (4) Employees (4 | (6) Employees informed of their right to applicable medical and exposure informated AZARDOUS EXPOSURE CONTROL PROGRAMS Activities identified within command that may require exposure to hazardous condiction (1) Appropriate engineering and/or administrative controls implemented? (2) Protective equipment provided in accordance with bargaining unit agreements (3) Employees trained on use and maintenance of equipment? | (6) Employees informed of their right to applicable medical and exposure information? **AZARDOUS EXPOSURE CONTROL PROGRAMS** Activities identified within command that may require exposure to hazardous conditions? (1) Appropriate engineering and/or administrative controls implemented? (2) Protective equipment provided in accordance with bargaining unit agreements? (3) Employees trained on use and maintenance of equipment? | (6) Employees informed of their right to applicable medical and exposure information? ACTION REQUIRED CORRECTED |